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SERIAL NUMBER 10/619,720	FILING OR 371(c) DATE 07/15/2003 RULE	CLASS 424	GROUP ART UNIT 1621	ATTORNEY DOCKET NO. PHUS-101
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/907,486 07/17/2001 PAT 6,605,302 S
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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ARGENTINA	SHEETS DRAWING 3	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

ADDRESS
24039

TITLE

Drug delivery device containing neuraminidase inhibitor and an H1 antagonist

FILING FEE RECEIVED 1357	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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